	CONTROLLED SUBSTANCES RECORD					To be used with DA Form 3949-1		
DATE	ITEM							
YEAR								
MONTH								
			ORDERED BY	ADMII	NISTERED BY	EXPENDI-	RECEIPTS	
DAY	HOUR	PATIENT'S NAME	(Dr's name)	(5	Signature)	TURES	RECEIPTS (Amt from pharmacy)	BALANCE
		BALANCE FORWARDED						